

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/031243

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	24					
TOTAL CLAIMS	25					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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